FEC FORM 2 (REV. 02/2009)

FEC FORM 2 STATEMENT OF CANDIDACY

SIAIE	MENI	UF CA	NUIDA	ÇI _									
1. (a) Name Mr. Da	e of Candidavid M. J	ate (in full) Alameel	<u>-</u>			•						E SEN/	
(b) Address (number and street) Check if address changed 12240 Inwood Road Suite 420								2. Oerdidate's FE5 Identification number \$4TX00516					
(c) City, State, and ZIP Code Dallas, TX 75244								3. Is Th Statem		□ _(N)		OR	Amended (A)
4. Party At DEMOCE	ffiliation RATIC PAI	RTY		ce Sought nate			6. State TX	& Distri	ict of (Candida	ate		
		DE	SIGNAT	ION OF	PRINCI	PAL CA	MPA	IGN C	СОМ	МІТТ	EE		
7. I hereby designate the following named political committee as my Principal Campaign Committee for the (year of election)													
NOTE: This designation should be filed with the appropriate office listed in the instructions.													
(a) Nam	e of Commi	ttee (in full))										
Dav	id M. Al	ameel f	or Unite	ed State	s Senate	e				•••••	 		
(b) Addr	ess (numbe	r and stree	et)										
122	40 Inwoo	d Road	Suite 42	20									
(c) City,	State, and 2	ZIP Code											
Dal	las, TX	75244				<u></u>							i
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on													
behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.													
(a) Nam	e of Commi	ttee (in full)			, ·							
NON	ΙE											_	
(b) Addr	ress (numbe	er and stree	et)			•							
(c) City,	State, and	ZIP Code											
1	certify that I	have exar	nined this S	Statement a	nd to the b	est of my l	nowledg	ge and l	belief	it is tru	e, co	πect an	d complete.
Signature	of Candida	HAR	n se		-			Date	0//	4/1-	5		
Note: Subn	nission of false	, erroneous,	or Incomplete	Information n	nay subject th	e person sig	ning this S	Statement	it to pen	alties of	2 U.S	6.C 437g.	
										T			

Hand Delivered

NA K, MACCALLUM
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United States Senate

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